

SPECIAL NEEDS/CHILD PLACEMENT QUESTIONNAIRE

Welcome to West Point Child/Youth Services programs! If your child has a special need, prior knowledge will allow us to make appropriate adjustments, if possible, to our program and provide training to the staff before your child's first day.

Child's Name: _____
 CYS Program: Full day CDC / Part-day / Hourly / FCC / SAS/ YS / Summer Camp

Date of Birth: _____
 Today's Date: _____

Does your child have any of the following conditions?	YES	NO		YES	NO
Physical Disability Explain: _____			Asthma/Reactive Airway Disease		
Speech/Language Delays Explain: _____			Sickle-Cell Disease (Do not check for Sickle Cell Trait)		
Hearing Impairment Explain: _____			Allergies (include medications, foods, bee stings) Explain: _____		
Visual Problems/Blindness (Do not check this box if your child only wears glasses)			Epilepsy/Seizures. Explain: _____		
Developmental Delays Explain: _____			Heart Murmur/Disease Explain: _____		
Attention Deficit/Hyperactivity (ADHD/ADD)			Diabetes		
Behavioral/Conduct Concerns Explain: _____			Kidney Problems. Explain: _____		
Autism/PDD			Other(s) Please Specify: _____		
Is your child taking medication for his/her condition? List medications: _____					
Is your child receiving any services from Educational Developmental Intervention Services (EDIS) Early Intervention? If yes, explain: _____					
Is your child enrolled in a Developmental Preschool? If yes, explain: _____					
Is your child on an IEP or IFSP? If yes, explain: _____					
Is your child enrolled in an Exceptional Family Member Program? (EFMP) If yes, explain: _____					

SIGNATURE OF PARENT/SPONSOR/GUARDIAN _____

HOME PHONE/DUTY PHONE _____

PRINT NAME (state rank if applicable)

For PRIVACY ACT STATEMENT see USMA Form 15-57 (May 97).

 (OFFICE USE ONLY)

Date received: _____

Case number: _____

History of Special Need/Medical Condition: (telephone contact/indicate date and time)

RECOMMENDATION: A. Admit - No Significant
 Modifications Needed

B. Admit w/Care Plan
 and Training

C. Hold and Schedule SNRT for
 Date _____

CONCUR:

SIGNATURE & DATE

CHN

YES NO

SPS Director

YES NO

CYS Coordinator

YES NO

Copy to program:

Copy to SPS:

Copy to CYS:

Log entry made: